

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|-----------------|
| | <i>AS</i> | | <i>05/08/00</i> |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | <i>43</i> | <i>5/11/00</i> |
| FORMALITY REVIEW | <i>22</i> | <i>75353</i> | <i>7-16-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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EXACT AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet her

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